NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES TABLE OF CONTENTS

AABD 469 NAC 1-000

Title 469 **Table of Contents**

ASSISTANCE TO THE AGED, BLIND, OR DISABLED PAYMENT (AABD/PMT), AND STATE DISABILITY PAYMENT AND MEDICAL PROGRAM (SDP)

Chapter 1	1-000 General I	Background
	Legal Basis	•
1-002	Purpose and S	Scope
1-003	Administration	
1-004	Definition of T	erms
1-005	Worker Respo	onsibilities
		Initial Application or Redetermination
1-00	5.02 Continuir	ng Responsibilities
1-00	5.03 Nursing F	acility Admissions
1-006	Client Respon	
1-00	6.01 Sanction	for Non-Cooperation with Quality Control
1-007	Client Rights	·
1-008	Application Pr	ocessing
1-00	8.01 Request	•
1-00	8.02 Application	on
	1-008.02A	Alterations
	1-008.02B	Prompt Action on Applications
	1-008.02C	SDP Medical Application with Share of Cost
	1-008.02D	AABD Payment and SDP Application with Excess Resources
	1-008.02E	Withdrawals
	1-008.02F	Authorization for Investigation
	1-008.02G	New Application
1-00	8.03 Notice of	Finding
	1-008.03A	Types of Notices
	1-008.03B	Adequate and Timely Notice
	1-008.03C	Situations Requiring Adequate Notice
	1-008.03D	Waiver of Notice
	1-008.03E	In Fraud Cases
	1-008.03F	Continuation of Benefits
1-009	Redeterminati	on of AABD Payment or SDP Eligibility
1-00	•	e AABD Payment and SDP Redetermination
	1-009.01A	Redetermination for SSI Recipients
1-00	9.02 Income F	Review
1-00	9.03 Disability	
1-010	Prudent Perso	on Principle
1-011	(Reserved)	
1-012	Summary of F	orms

REV. JULY 8, 2014 NEBRASKA DEPARTMENT OF AABD MANUAL LETTER # 62-2014 HEALTH AND HUMAN SERVICES TABLE OF CONTENTS 469 NAC 2-000

Chapter 2-000 Eligibility Requirements 2-001 **Application** Citizenship and Alien Status 2-002 2-002.01 Verification of Alien Status 2-002.02 Repatriation Program 2-003 Residence 2-003.01 Incapable of Indicating Intent 2-003.02 Residence of Individuals Entering the State 2-003.03 Placement in an Out-of-State Institution 2-003.04 Individuals Receiving a State Supplementary Payment (SSP) 2-003.05 Institutionalized Individuals 2-003.06 Non-Institutionalized Individuals 2-003.06A Age 20 and Younger 2-003.06B Age 21 and Older 2-003.07 Absence From the State 2-003.07A Temporary Absence 2-003.07B Loss of State Residence Out-of-State Medical 2-003.07C 2-003.08 Disqualification for Misrepresenting Residence Requirement of Social Security Number (SSN) 2-004 2-004.01 Application for an SSN SSN Application for a Newborn 2-004.01A 2-004.02 Assistance Pending Verification of SSN 2-005 Age 2-005.01 Age Limits 2-005.02 Birthdate Used if Birth Information Is Incomplete Relative Responsibility 2-006 2-006.01 Spouse for Spouse 2-006.02 Parent for Child 2-007 Blindness or Disability 2-007.01 Eligibility Requirements Applicable Only to Blind or Disabled **Grandfathered Cases** 2-007.01A 2-007.02 Definitions of Disability and Blindness 2-007.03 Determination of Eligibility for the Blind or Disabled Social Security Administration (SSA) Disability Determination 2-007.03A Medical Consultant Review (MCR) Disability Determination 2-007.03B For AABD or SDP Payment 2-007.03C 2-007.03D Payment for Examination and Transportation 2-007.03E Subsequent Social Security Administration Disability Determinations 2-008 Institutionalization 2-008.01 Definitions 2-008.02 Licensed Institutions 2-008.02A Levels of Care 2-008.03 Patients in a Medical Institution 2-008.04 Convalescent Leave 2-008.05 Responsibility for Determining Nature of Institution 2-008.06 Criteria for Determining the Public Nature of Institutions 2-008.07 Factors Relating to Eligibility of Clients in Institutions 2-008.09A Beatrice State Developmental Center (BSDC) and Regional Centers 2-008.09B Private Institution and Home

REV. JULY 8, 2014 NEBRASKA DEPARTMENT OF AABD MANUAL LETTER # 62-2014 HEALTH AND HUMAN SERVICES TABLE OF CONTENTS 469 NAC 2-009

2-009	Resources	
2-009	9.01 Verification	on of Resources
2-009	9.02 Definition	of Available Resources
	2-009.02A	Unavailability of Resource
	2-009.02B	Excluded Resources
	2-009.02C	
		Medical
2-009	9.03 Determin	ation of Ownership of Resources
	2-009.03A	Jointly Owned Resources
		ation of Relative Responsibility
	9.05 Inheritan	·
2-009	9.06 Value an	d Equity
	2-009.06A	· ·
		Determination of Value
	9.07 Types of	
		Liquid Resources
		Non-Liquid Resources
		n Available Resource Levels for Grant Eligibility
	2-009.08A	· · · · · · · · · · · · · · · · · · ·
		of Resources of a Parent
		on of Resources
	2-009.10A	
	2-009.10B	
	2-009.10C	Transfers Not Considered Deprivation for Grant or Medical
		n of Resources
	Income	or recognices
	0.01 Definition	of Income
	2-010.01A	Availability
	2-010.01B	Types of Income
	2-010.01C	Verification of Income
	2-010.01D	Income as It Applies to Resources
	2-010.01E	Computation of Income
	2-010.01F	Deeming Income of Responsible Persons
	2-010.01G	Computation of Net Income
	2-010.01H	Treatment of Other Income in Determining Eligibility and Payment
		n Obtaining Third Party Medical Payments
	1.01 (Reserve	· · · · · · · · · · · · · · · · · · ·
	,	rty Payments Not Assigned
		tion Requirements
	2-011.03A	Refusal to Cooperate
	2-011.03B	Opportunity to Claim Good Cause
	2-011.03C	Sanction for Refusal to Cooperate
		rty Medical Payments Received Directly
		Withheld Information
		ion of Assignment
		Enforcement Services
	• •	ner Assistance
	Ineligibility of I	

REV. JULY 8, 2014 NEBRASKA DEPARTMENT OF AABD MANUAL LETTER # 62-2014 HEALTH AND HUMAN SERVICES TABLE OF CONTENTS 469 NAC 3-000

Chapter 3-000 Determination of Benefits 3-001 Description of Benefits 3-002 (Reserved) 3-003 Planning the Assistance Budget 3-004 Individual Requirements Included in Assistance Budgets 3-004.01 Standard of Need 3-004.01A Alternate Living Arrangements 3-004.01B AABD or SDP Standard of Need 3-004.02 Shelter Maximum Shelter Allowance 3-004.02A 3-004.03 Special Requirements 3-004.03A Items That May Be Allowed as Special Requirements 3-004.03B Items That May Not Be Allowed as Special Requirements 3-005 (Reserved) **Budget Computation** 3-006 3-006.01 Budgeting Process for Clients Not Receiving SSI (Including Clients Determined Eligible for 1619(b) Status by SSI) AABD Payment Budgeting Process for Clients Receiving SSI 3-006.01A 3-006.01B **Deductions for Medical Insurance** 3-006.02 Persons Included in the Budget 3-006.02A Potential Assistance for Essential Persons (EP's) 3-006.02B **Determining Total Requirements** 3-007 Payments for Assistance 3-007.01 Non-restricted Payments 3-007.02 Protective Payments 3-007.02A To a Guardian, Conservator, Duly Executed Power of Attorney 3-007.02B To a Protective Payee 3-007.03 Erroneous State Supplement Payments 3-007.03A Underpayments 3-007.03B Overpayments 3-007.04 Case Records 3-007.05 Fraud

REV. JULY 8, 2014 NEBRASKA DEPARTMENT OF AABD MANUAL LETTER # 62-2014 HEALTH AND HUMAN SERVICES TABLE OF CONTENTS 469 NAC 4-000

Chapter 4-000 State Disability Program – Medical (SDP Medical)				
4-001 Eligibility Categories				
4-001.01 Individuals Eligible for SDP Medical				
4-001.02 Individuals Ineligible for SDP Payment But Eligible for SDP Medical Only				
4-002 Cooperation in Obtaining Health Insurance				
Effective Date of SDP Medical Eligibility				
Use of Medical Budget for SDP Medical				
4-005 Treatment of Resources for SDP Medical				
4-005.01 Maximum Available Resource Levels				
4-005.01A Deeming Resources of a Parent				
4-005.02 Resource Review				
4-006 Treatment of Income				
4-006.01 Disregards for Medical Budgets				
4-006.01A Medical Insurance Disregards				
4-006.01B Guardian or Conservator Fee				
4-006.02 Repayment of SDP Medicai Benefits Provided in Error				
4-006.03A Amount of Benefits in Error				
4-007 Computing an SDP Medical Budget				
4-007.01 Income When the Eligible Spouse Is in a Specified Living Arrangement and the				
Ineligible Spouse and/or Family Member(s) Is in the Community				
4-007.01A Definitions				
4-007.01B Allocation of Income				
4-007.01C Determining Ownership of Income				
4-007.01D Determining the Family Member's Maintenance Need Standard				
4-007.01E Determining the Spousal Maintenance Need Standard				
4-007.01F Determining the SDP Maintenance Allowance				
4-007.01G Budgeting the Alternate Care Spouse				
4-008 Required Copayments				